

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034512

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 208

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY **Henry**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Clinton**

Length of stay in 1b
16 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **503 W. Franklin**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Henry**

c. CITY OR TOWN **Clinton** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
503 W. Franklin Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **MABEL** Middle **HARTLEY** Last **BASS**

4. DATE OF DEATH
Month **September** Day **7** Year **1962**

5. SEX **female**

6. COLOR OR RACE **white**

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **10/22/00**

9. AGE (last birthday) **61**

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
waitress

10b. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (City and state or country)
Lebanon, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Andrew J. Rodman

13b. MOTHER'S MAIDEN NAME

Julia E. Johnson

14. NAME OF HUSBAND OR WIFE

Joseph F. Bass

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. **[REDACTED]**

17. INFORMANT
Address
Velma Spurgeon, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for terminal and non-terminal causes)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH
12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Insufficiency

24 hrs

DUE TO (c)

Generalized Metastatic Cancer of Breast

6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Starvation & Debilitation

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 1, 1962** to **Sept 7, 62** and last saw him/her alive on **Sept 7-62**
Death occurred at **5:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Clinton F. Glespy (Degree or title)

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

9-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept 10, 62

23c. NAME OF CEMETERY OR CREMATORY

Englewood

23d. LOCATION (City, town, or county)

Clinton, Mos.

(State)

24. FUNERAL DIRECTOR

Consalus

ADDRESS

Clinton, Mo.

DATE RECD. BY LOCAL REG.

Sept 11, 1962

26. REGISTRAR'S SIGNATURE

Mildred Bigman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10425

30425

3

4

5

6

7

8

9

10

11

12

13

1-0

SEP 18 1962

Permit
Obtained 9/11/62
(M.B.)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene R. Connelley

Licensed Embalmer No. 4680

P. O. Address

Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.